



# Newsletter



Alliance for the Mentally Ill - NAMI St. Louis  
*St. Louis' Voice on Mental Illness*

## Primary and General Elections 2002 Need Your Attention

Upcoming 2002 elections are very important. This is the second time term limits have had a great impact in the state legislature. In the upcoming election 12 of 34 Senate seats are term limited. In the House 78 of 163 have to change hands. Those elected will represent newly determined districts required as a result of the national census of 2000.

If we thought our legislators were not too knowledgeable about mental illness before term limits, we now have an even greater task to educate our elected officials about mental illness because many of those persons will not have had any experience with our issues. It is important that NAMI members continue to individually educate their elected officials on the local, state and federal level.

NAMI St. Louis is working to assist you with that task. On Saturday, July 27, 2002, from 8:30 a.m. to Noon, at The Heights in Richmond Heights, we will host a NAMI Advocate's Pow Wow for all who care to participate. The goal for the meeting is to empower each person in attendance so they can begin the

individual education process with candidate's seeking election.

The topics covered are Politics 101 - Removing the Mystery!; Campaigns 101 - How Can I Have an Impact? - Why Is Advocacy So Important?; Getting Out The Vote; The Issues. Our plan is, by the end of this session, that you will be interested and motivated to develop a personal relationship with your state legislators. Hopefully you will have met others there in your districts that you can pair with to make those contacts less intimidating. You will learn how at this gathering. Make plans to attend. A flyer with all the information is enclosed.

As we go to press, it is still unsettled whether or not persons who are elderly and disabled, whose monthly incomes are over \$545.01 which requires them to "spend down" the amount they are over the \$545.01 in order to qualify for Medicaid coverage, will have to "pay" monthly rather than "incur" medical bills quarterly. If that measure is signed into law it will have devastating effects on many elderly, permanently and totally disabled persons, many of whom have a severe and persistent mental illness.

There was a hopeful measure passed that will allow parents of a minor to relinquish custody of their child in order to obtain residential treatment services for the child's emotional disturbance (mentally illness) through the Division of Family Services without being charged with abuse and neglect for doing so.

Mental health insurance parity failed to come to a vote in the Senate this session even though two versions of it passed in the House almost unanimously. Both bills got stuck in the Insurance Committee of Senator Larry Rohrbach of Jefferson City. Even one of his own sponsored bills to which parity had been added was not allowed out of committee for debate on the floor. The parity issue is alive and well in the United State Congress so stay tuned.

### Notes of Interest From the Legislature

The 2002 Missouri Legislative Session had little to cheer about. The Department of Mental Health was cut \$31 million instead of the \$118,000,000 that was proposed. We do have that to be thankful for.

The Department of Social Services budget- HB1111, where the state portion of Medicaid funding is generated, ended up with some dire cuts to Medicaid recipients as part of the bill. Unless Governor Bob Holden chooses to veto parts of this bill, the results will be extremely harmful to low income citizens.

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## Medication and Treatment

### Recent Articles on Medications and Mental Illness

### Several Programs Help Buy Medication

Pharmaceutical companies have just introduced new program to help buy medication. These programs are for people enrolled in Medicare, I.e., either seniors or people with disabilities. Generally, the person applying must meet income eligibility requirements and have no other prescription medication coverage.



Here are some programs:

- P** The Pfizer for Living “Share Card” enables people to get 30-day supplies of medication for a flat fee of \$15 per prescription. For an enrollment kit, call 1-800-717-6005.
- P** Lilly Answers also provides medications at reduced prices for those enrolled in Medicare. A flat fee of \$12 is required per prescription. For details on this program, call 1-877-RX-LILLY.
- P** Novartis has a Living Care Card. For more information, call 1-866-974-2273.
- P** Abbott Laboratories, AstraZeneca, Aventis Pharmaceuticals, Bristol-Myers Squibb, GlaxoSmithKline, Johnson & Johnson and Novartis have a joint program called the Living Rx Card that will make its debut soon.

*The St. Louis Post-Dispatch, Advice OPEN MIND  
submitted by James E. House II.*

### The Orange Card

GlaxoSmithKline (GSK) has an Orange Card<sup>SM</sup> - a program that results in significant savings on GSK outpatient prescription medicines. The Orange Card is for seniors and the disabled enrolled in Medicare who have annual incomes below \$26,000 single/\$35,000 couples and are currently without public or private insurance coverage for prescription medicines.

GSK guarantees a 25% discount off our list price directly to Orange Card participants. The Orange Card is designed with the inclusion of participating pharmacies to provide an average savings of 30% per prescription. These savings could exceed 40% depending on the pharmacy's usual and customary price and the prescribed GSK medicines. For an application call: 1-888-ORANGE-6 (1-888-672-6436).

### Serious Physical Illness Increases Suicide Risk in Older Patients

*by Steven Reinberg*

Older men and women who have a severe physical illness are at an increased risk for suicide, Swedish researchers reported in the June 8<sup>th</sup> issue of the British Medical Journal.

“What is new in this study is that we have looked at suicide victims and compared them with a population control group, which allows us to look at the risk associated with different types of illness,” Dr. Margda Waern from Gothenberg University, told Reuters Health.

Dr. Waern and colleagues collected data on 46 men and 39 women, 65 years of age and older, who had committed suicide and had undergone necropsy. They compared these individuals with a cohort of age-matched living controls (84 men and 69 women).

The researchers found that visual impairment, neurological disorders and malignant disease were linked to an increased risk for suicide (odds ratio 7.0, 3.8 and 3.4 respectively).

In multivariate analysis, a serious physical illness from any cause increased the suicide risk fourfold. When the data was analyzed by sex, suicide in men was significantly associated with serious physical illness and a high burden of physical illness (odds ration 4.2 and 2.8 respectively).

However, this significant association was not seen among women. “This could be because there were fewer women in the study,” Dr. Waern said. “But, I feel that serious illness was more difficult for men to tolerate than it was for women,” she added.

Dr. Waern comment, “It is important that elderly patients be evaluated for depression, because we found that the majority of patients in the study, who had a serious physical illness, also had depression.”

*Reuters Medical News, 6/6/02*

## NAMI St. Louis News

### Multicultural Outreach Targets Latino Population

As the Latino population in the United States continues to grow, the need for culturally sensitive mental health services toward these clients becomes more apparent. Although the mental health needs of Latino groups (e.g. Puerto Ricans, Cubans, Mexicans) are comparable to the needs of the non-Hispanic White population, Latinos, as a group, tend to overwhelmingly underutilize mental health services. Mental health practitioners and agencies serving this diverse population of clients face a constellation of linguistic, cultural and organizational hurdles. Providers must be prepared to provide bilingual services, but they must also be ready to incorporate culturally competent principles into their everyday practices and organizational culture. The development of mental health programs that target Latino families in a given community must take into careful consideration the history, socioeconomic factors, education levels, residency status, as well as the unique health and mental health needs of these individuals. Mental health service agencies that serve Latino individuals and families must design services that addresses the unique needs of these individuals, build meaningful relationships with this under served population and create trust among the individuals of these diverse communities. In order to develop mental health services that are culturally congruent with Latino clients' values, providers must take into careful consideration the needs, help seeking pathways as well as the expectations and attitudes that these clients and their families have toward mental health care. Services developed with the intentions of meeting the particular needs of Latino clients and their families can help reduce some of the service use disparities that affect these communities and improve the quality of life of these families in need.

Leopoldo J. Cabassa, MSW  
NAMI of St. Louis volunteer

Doctoral Student at the George Warren Brown School of Social Work at Washington University

For more information about Latino mental health issues and resources you can contact the author via email

([ljc1@gwbmail.wuslt.edu](mailto:ljc1@gwbmail.wuslt.edu)) or by phone at (314-644-4750).

*Leo is currently a NAMI volunteer who assists with our efforts to provide culturally appropriate services to Latinos who are coping with severe mental illness in their families.*

*He is offering his services as a outreach specialist, interpreter, and researcher (program evaluator). He also currently serves on our Multicultural Outreach Advisory Council. To learn more about how NAMI St. Louis is working with Latino families, or if you are a spanish-speaking family needing support, please call our Multicultural Outreach Office at (314)389-8100 or contact Leo Cabassa directly. For those of you who are in need of educational materials or information on mental illness, we offer mental health related literature and pamphlets in spanish, free of charge.*

### “Will Power”

You can play a vital role in NAMI St. Louis' future by making a bequest in your will. Such a step will help ensure that future generations of families impacted by mental illness will continue to benefit from the excellent help that NAMI provides. Many people like to make charitable bequests in their wills as a final tribute to a charity that is important to them. After providing for your loved ones, please consider including NAMI in your will. Thank you.

### NAMI National Honors ‘Beautiful Mind’

NAMI found no need to wait until Oscars night on March 24 to know which movie was Best Picture. The National Alliance for the Mentally ILL (NAMI) picked “A Beautiful Mind” to honor with an award for the year’s “Most Outstanding Contribution to Public Understanding of Mental Illness.”

“A Beautiful Mind” has been a breakthrough,” said NAMI executive director Richard Birkel, Ph.D. It has contributed to a broad national dialogue about schizophrenia and other mental illnesses. It has moved families, friends and communities to talk about the nature of mental illness, symptoms, treatment, and recovery in ways they never have before.”

“This achievement is not limited to those who made the movie,” Birkel said. “It includes John Nash, Jr. and his wife, Alicia, who have shared painful aspects of their lives with millions. It includes Sylvia Nasar, who wrote the excellent biography that Akiva Goldsman masterfully adapted for the screen. It includes Ron Howard, Russell Crowe and others,

who invested their talents in projecting authentic truths about mental illness.”

“NAMI will be proud to give this award to each of them, for making a difference both with the movie and the dialogue that has followed.”

NAMI traditionally presents awards at its annual national convention, which this year is scheduled for June 26 - 30, 2002 in Cincinnati, Ohio.

**Friends of NAMI St. Louis - In Volunteer**  
**A Tribute to Friends of NAMI St.**

**Because You Care** Board & Committee Members  
NAMI St. Louis is focused on a strategic plan for improving and expanding services.  
Family to Family Education Teachers

**Because You Care** HELPLine Associates  
People can talk with a person when they call our number.  
Communication Engineers

**Because You Care** Data Entry Experts  
Thousands of pieces of educational materials are mailed to friends.  
Librarians

**Because You Care** People who Make Up the Speakers' Bureau  
Support groups bring us together to share coping skills and our lived experience.  
Messengers at Health Fairs

**Because You Care** Presenters at Workshops and Education Meetings  
Office work is done with expertise and a smile.  
Resource Developers

**Because You Care**  
Families have access to a 12-week course of skills and knowledge.  
Advocates  
Support Group Leaders

**Because You Care**  
Continuing education meetings provide a link between professionals and families.  
Volunteers  
in the NAMI Family Support Program at MPC

**Because You Care**  
Speakers respond to requests for more knowledge about the family perspective.

**Because You Care**  
Elected officials understand more about the

*Dear Wonderful  
Volunteers,*

*Please honor us  
with your presence  
at our Annual  
Business Meeting.*

*The board and staff  
of The Alliance for  
the Mentally Ill -  
NAMI St. Louis  
would like to  
recognize your  
dedication to  
volunteer tasks.  
Each task helps us  
to fulfill our  
mission “to  
improve the quality  
of life for the  
whole family  
affected by mental  
illness, including  
the ones who are ill  
and all who love  
them.”*

*Our Annual  
Business Meeting  
will be held during  
the Missouri State  
Conference at the  
St. Louis Airport  
Hilton, Friday, May  
31, 2002.*

*Volunteer  
Recognition will  
follow the Friday  
night speaker. If  
you cannot come  
for the program  
come at 8:30 p.m.*

## First Step...

(Continued from front page)

Department of Psychiatry at Columbia University College of Physicians and Surgeons. Previously, he was the director of psychology at the New York State Psychiatric Institute. Additionally, Dr. Amador serves as an independent expert for the courts, and has spoken at numerous court hearings on behalf of persons with psychiatric disorders who are faced with felony charges. One of the more well known hearings he has testified at was the case against Theodore (Ted) Kaczynski. According to Dr. Amador, "people will come up with illogical and even bizarre explanations for symptoms and life circumstances stemming from their illness." In fact he suggests that the compulsion to prove that he or she is not ill, which is a result of Anosognosia, is so strong that the individual will disregard any negative consequences associated with doing so. Through his experience as a clinician and family member (his sibling has schizophrenia), Dr. Amador has been fueled to continue his research in this area. He urges family members and mental health professionals to understand that the collaboration of treatment by someone who has a severe mental illness and anosognosia is a goal, not a given. He offers a few hands-on suggestions:

- └ Don't expect them to comply with any treatment plans, because they don't believe they are ill...Instead it is important to **develop a partnership** with the patient;
- └ Listen to the patient's fears and **empathize** with their frustrations and delusional beliefs, by saying "I understand how you feel...";
- └ Build a **trusting relationship**;
- └ **Restrict discussions** to the problems that the patient perceives as the problem;
- └ **Learn what motivates** the patient to accept treatment and highlight those benefits.

Dr. Amador wrote more about getting people with serious mental illness to accept treatment in a book he co-authored with Anna-Lisa Johanson titled: *I am Not Sick, I Don't Need Help: Helping the Seriously Mentally Ill Accept Treatment*. This book is available for loan from your local NAMI libraries in Kirkwood or North City. Copies of the book will be available for purchase at the upcoming NAMI Missouri State Conference May 31 - June 1 at the St. Louis Hilton Airport. To learn more about Anosognosia, or to hear more about Dr. Amador's work consider attending. Dr. Xavier Amador is the keynote speaker on Friday, May 31, 2002. For more information about the conference please call our HELPLine (314)966-4670.

**Note: Due to limited space in this special edition, Memorials and Library Notes will be**

**included in the next Newsletter. Sorry for the inconvenience.**

## Systems of Care Provide Hope and Opportunity for Children with Mental Health Problems and Their Families

Comprehensive systems of care improve the social functioning, school attendance and grades, reduce severe behavioral and emotional problems and contact with law enforcement in children with mental health problems according to the findings of a new report by HHS' Substance Abuse and Mental Health Services Administration.

After 2 years of receiving services, 42% of the children showed a significant reduction in severe behavioral and emotional problem symptoms. An additional 48% of the children were stabilized. The report also shows that after one year in systems of care, the percentage of children with serious emotional disturbances receiving average or above-average grades in school increased nearly 20%. Likewise, the percentage of children in special education classes receiving average or above-average grades increased by nearly 15%. Other data indicate that systems of care lead to other marked improvements in the lives of children, such as significantly fewer arrests and more stable living arrangements.

"One in 10 children in the U.S. has a serious emotional disturbance, and 1 in 5 has a diagnosable mental health disorder," said SAMHSA Administrator Charles G. Curie.

In addition to positive outcomes for children, the report shows that systems of care also are achieving another important objective, which is actively involving family caregivers in the decision making process for their children's treatment plans. Nearly 75% of the families surveyed indicated that they were asked for ideas and opinions concerning their child's treatment, and more than 75% said they "always" or "usually" had a choice in the range or services their children received. Also, more than 75% rated the quality of their child's mental health services as "excellent" or "good."

*SAMHSA News Release, March 22, 2002*

## Mood Change Through Physical Exercise in Nine to Ten Year Old Children

A recent study assessed the effect of two types of physical exercise on the self reported mood of 64, 9-10 yr. old children who responded to a self-report mood measure after 2 different types of aerobic exercise of 15 min., and after a 15 min. video. Significant increases in (+) mood and significant decreases in (-) mood increased following the video treatment. Interestingly, no significant difference in mean mood scores was found between the two exercise treatments. This data suggests that short bouts of physical exercise have psychological benefits for children.

Williamson D, Dewey A, Steinberg H  
*Percept Mot Skills* 2002 Aug;93(1):311-6

## Metformin Offsets Weight Gain in Children on Psychotropics

Metformin may help offset weight gain in pediatric patients taking psychotropic medications, according to an open label study reported in the April issue of the *American Journal of Psychiatry*.

"In this preliminary evaluation of metformin as a treatment for weight gain associated with psychotropic drugs, the steep increase in weight experienced from these drugs was arrested in all patients," wrote John A. Morrison, PhD, from the Children's Hospital Medical Center in Cincinnati, Ohio, and colleagues.

Of 19 children, aged 10 - 18 years, receiving olanzapine, risperidone, quetiapine, or valproate, 15 were white and 4 were black, and there were 12 boys and 7 girls. Each patient received metformin, 500 mg, 3 times daily, in a 12 week open label study.

Of the 19 patients, 15 lost weight, 3 gained up to 1.6 kg, and 1 patient had no change. The mean changes in weight and body mass index at 12 weeks were highly significant. One patient who gained 1.6 kg was also receiving intramuscular medroxyprogesterone acetate, which can also cause weight gain.

Despite several limitations of this preliminary study and the need for randomized controlled trials, the authors conclude that "the pattern of sustained, continued weight loss suggests that the weight loss was not due to the placebo effect. Metformin holds promise as a treatment for weight gain in pediatric patients taking psychotropic medications."

Laurie Barclay, MD  
*Am J Psychiatry* 2002;159(4):655-657

## Stimulants May Treat ADHD, Tic Disorders

Children who have attention deficit hyperactivity disorder (ADHD) and suffer from uncontrolled tics or Tourette's syndrome may find relief from stimulants. New research shows that stimulant drugs, such as Ritalin (methylphenidate), may actually minimize the unwanted movements rather than make them worse.

Researches say about 1/4 of children who require special education in school suffer from chronic tic disorders, and as many as 90% of children with these tic disorders - including Tourette's - also have ADHD. Until now, treating these children with the drug most commonly prescribed for ADHD, Ritalin, has been discouraged because stimulants have been shown to make tics worse. Little was also known about the effectiveness of the most popular prescription alternative to Ritalin, Catapres (clonidine), in reducing tics.

But a new study published in February 26 issue of *Neurology* shows both Ritalin and Catapres - especially when used together - are effective in treating these children.

Researchers studied 136 children aged 7 - 14 years with ADHD and a chronic tic disorder and examined the effects of treating them with either of the drugs alone, both drugs, or no treatment. Throughout the 4 month study, researchers found improvement in all of the children who received medication.

"Not only did tics not worsen during treatment with [Ritalin], the severity of tics actually decreased in all treatment groups," writes study author Roger Kurlan, MD, of the University of Rochester Medical Center in New York.

Researches also found improvements in attentiveness and behavior among those treated with Ritalin. Those treated with Catapres also showed less crying, frustration, restlessness, excitability, and impulsiveness. The most common adverse effect was sedation and was related to the use of Catapres.

The authors say these findings dispute the notion that children with tics and ADHD should not take stimulants such as Ritalin, which has already been shown effective in treating about 85% of children with ADHD.

"Our study indicates that prior concerns that [Ritalin] worsens tics and that the drug should be avoided in patients with tics may be unwarranted," write the authors.

In an editorial that accompanies the study, Ruth Nass, MD, and Susan Bressman, MD write that these results clearly add to the growing support for using stimulants to treat tics. But they say more research is needed to determine whether the combination of Ritalin and Carapres is really the most effective treatment for children with ADHD and tics.

"Whether adding [Catapres] to stimulants is indeed 'worth it' when it is not required to treat significant, troublesome tics, nonstimulant responsive impulsivity, or aggressivity is best decided on an individual basis," write Nass and Bressman.

*Neurology*. 2002;58:527-536

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 Treasurer: . . . . . Jeffrey Pass  
 Executive Director and Editor: . . . . . Marge Parrish

Our mission is to improve the quality of life for persons with severe mental illness and for their families.

## ( Is It Just A Mood or Something More? ;

Take the following quiz to see if your moods are a result of depression or bipolar disorder for children and youth. Check off the feelings that fit you now or have fit you in the past.

(Continued on page 6)

### *Mood Test Continued from Page 5*

1. I feel sad or irritable a lot and it doesn't go away.
2. I feel guilty. I have no confidence.
3. I feel that I am a failure or have let my family down.
4. I lose interest in hobbies like music or sports. Most of the time I'd rather be alone.
5. I often feel restless or tired.
6. I have trouble concentrating on TV or homework.
7. I have trouble sleeping or I sleep too much.
8. My appetite is increased or decreased.
9. I get unrealistic thoughts about the great things I'm going to do.
10. My thoughts race. I can't slow my mind down.
11. I often think about death. Thoughts about suicide pop into my mind.
12. I like exciting dangerous activities, like going really fast.
13. I use alcohol or drugs on a regular basis.

If you have four or more of these symptoms and if they last longer than two weeks you may have depression or a bipolar disorder. You should seek help from a doctor if you checked any of the last three numbers.

**Metropolitan St. Louis Psychiatric Center  
Family Education Program  
(Open to the Public)**

**DATE:** First 4 Tuesdays of each month  
**TIME:** 6:00 p.m. to 8:00 p.m.  
**WHERE:** Metropolitan Psychiatric Center (MPC)  
 5351 Delmar, St. Louis, MO 63112

**FOR FAMILIES OF PERSONS WITH:**  
 Schizophrenia, Depression, Bi-Polar (Manic Depressive)

**TOPICS:** Severe Mental Illness, Causes and Treatments, Coping and Stress Management Skills, Community Resources and Support Groups and Topics Requested by Families.

**TAUGHT BY:** Staff of Metropolitan St. Louis Psychiatric Center (MPC) and the Alliance for the Mentally Ill - NAMI St. Louis.

**CONTACT:** Mary Will at 314-877-0546

### Minor Physical Anomalies Linked to Schizophrenia Spectrum Disorder

Children with three or more minor physical anomalies are more likely to develop a schizophrenia spectrum disorder than to develop no mental illness or other psychopathology, according to a report published in the February issue of the American Journal of Psychiatry.

Principal investigator Dr. Sarnoff Mednick, and colleagues at Institute of Preventive Medicine in Copenhagen and the University of Southern California in Los Angeles, assessed the psychiatric health of 242 subjects who were evaluated for minor physical anomalies as children nearly 20 years prior. Eighteen specific anomalies were included in the analysis, such as wide-set eyes, low-set ears, and webbed toes.

Children with three or more anomalies more often developed a schizophrenia spectrum disorder than they developed no mental illness or other psychopathology, the researchers note. The association was also noted in a subset of subjects whose mother or father had been diagnosed with schizophrenia, suggesting an interaction with genetic risk factors.

The researchers postulate that the neurodevelopmental disruptions that produce minor anomalies may also place an individual at risk for schizophrenia spectrum disorders. In addition, the findings suggest that the anomaly status interacts with genetic risk factors to increase the likelihood of schizophrenia spectrum disorders. In addition, the findings suggest that the anomaly status interacts with genetic risk factors to increase the likelihood of schizophrenia spectrum disorder development.

"The mechanisms behind the relation between genetic vulnerability and early stressors such as minor physical anomalies leading the development of schizophrenia spectrum disorder warrants further investigation," Dr. Mednick's team notes.

*Am J Psychiatry 2002;159:238-243*

Latino Leadership Symposium  
at the  
2002 Annual Convention  
Building Communities of Hope  
June 25, 2002  
Cincinnati, Ohio

NAMI National is pleased to announce its Latino Leadership Symposium to be held June 25, 2002 in Cincinnati, Ohio.

**WHAT:** Latino Outreach Symposium for NAMI grassroots leaders and leaders from other organizations.

**WHY:** To promote and support NAMI's Latino Outreach initiatives; to provide networking opportunities and information sharing; to enhance communication between NAMI state offices and NAMI affiliates, to create culturally competent approaches to reach the Latino Community.

CALL: Maria Jose Carrasco 1-703-524-7600 for registration information

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### Wish List for Prince Hall Office/Library

If you or someone you know would like to donate the following items, please call Kim Carter @ 314/389-8100.

Thank you.

Easels, Mental Health Related Books, VCR, Fax Machine, File cabinets (1 tall, 1 short), Bookshelves (2 tall, 2 short), Magazine rack, Computer for internet access and Tape dispensers.